## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/518741

| CLAIMS AS FILED - PART I                                      |  |  |  |  |            |               |              | SMALL ENTITY TYPE   |                        | OTHER THAN                 |                     |                                       |
|---|--|--|--|--|------------|---------------|--------------|---------------------|------------------------|----------------------------|---------------------|---------------------------------------|
|   |  |  | (Column 1)                                 |  | (Column 2) |               | ITPE         |                     | OR<br>-                | R SMALL ENTITY             |                     |                                       |
| U.S. NATIONAL STAGE FEES                                      |  |  |  |  |            |               |              | RATE                | FEE                    |                            | RATE                | FEE                                   |
| BAS   | SIC FEE  |  | SMALL ENT                                  | LARGE ENT. = \$ 300                    |            | BASIC FEE     | 150          | OR                  | BASIC FEE              |                            |                     |                                       |
| EXAMINATION FEE   |  |  | Satisfies PCT A<br>(4) = \$50              | All other situations = \$ 100 / \$ 200 |            | EXAM. FEE     | 100          |                     | EXAM. FEE              |                            |                     |                                       |
| SEARCH FEE  |  |  | U.S. is ISA = \$ ALL other co: \$ 200 / \$ | All other situations = \$ 250 / \$ 500 |            | SEARCH FEE    | 200          |                     | SEARCH FEE             |                            |                     |                                       |
| FEE FOR EXTRA SPEC. PGS.                                      |  |  | , min                                      | / 50 =                                 |            | X \$ 125 =    |              | 1                   | X \$ 250 =             |                            |                     |                                       |
| тот   | AL CHARGEA                                     | BLE CLAIMS                                   | / minus 20 = *                             |  |            |               |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                                       |
| INDI  | EPENDENT CL                                    | AIMS   | Z minus 3 = * -                            |  |            |               |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                                       |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT                                      |  |            |               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                                       |
| * If  | the difference                                 | in column 1 is                               | less than zero                             | o, enter "0                            | " in co    | lumn 2        | _            | TOTAL               | 450                    | OR                         | TOTAL               |                                       |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |  |  |  |            | nn 3)         | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                                       |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F      | ER<br>USLY | PRESE<br>EXTE |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                |
|   | Total  | *  | Minus                                      | **                                     |            | =             |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           | , , , , , , , , , , , , , , , , , , , |
|   | Independent                                    | *  | Minus                                      | ***                                    |            | =             |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                                       |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |            |               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                                       |
|   |  |  |  |  |            |               |              | TOTAL ADDIT. FEE    |                        | OR                         | TOTAL ADDIT.<br>FEE |                                       |
|   |  | (Column 1)                                   |  | (Colum                                 | n 2)       | (Colum        | ın 3)        |                     |                        |                            |                     |                                       |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F     | ER<br>JSLY | PRESE<br>EXTR |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                |
|   | Total  | *  | Minus                                      | **                                     | -          | =             | ŀ            | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                                       |
|   | Independent                                    | *  | Minus                                      | ***                                    |            | =             |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                                       |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |            |               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                                       |
|   |  |  |  |  |            |               |              | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                                       |
|   |  | mn 1 is less than the<br>mber Previously Pai |  |  |            |               | <b>"</b> .   | ·                   |                        |                            |                     |                                       |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.